



U.S. Department of Energy
Office of River Protection

P.O. Box 450
Richland, Washington 99352

03-ESQ-014

MAR 28 2003

Mr. E. S. Aromi, President
and General Manager
CH2M HILL Hanford Group, Inc.
Richland, Washington 99352

Dear Mr. Aromi:

CONTRACT NO. DE-AC27-99RL14047 – U.S. DEPARTMENT OF ENERGY, OFFICE OF RIVER PROTECTION (ORP) ASSESSMENT REPORT, A-03-ESQ-TANKFARM-001, OF CH2M HILL HANFORD GROUP INC. (CHG), INDEPENDENT ASSESSMENT, MANAGEMENT ASSESSMENT AND QUALITY IMPROVEMENT PROGRAM

This letter forwards the results of the ORP assessment of the CHG Independent Assessment, Management Assessment, and Quality Improvement programs conducted February 10 through February 13, 2003. Two Findings were identified during the assessment and are discussed further in the Notice of Finding (Attachment 1). The assessment report is included as Attachment 2.

The assessment team concluded, with the exception of Findings A-03-ESQ-TANKFARM-001-F-01 and A-03-ESQ-TANKFARM-001-F-02, CHG's Independent Assessment, Management Assessment, and Quality Improvement programs were effective and met contractual requirements.

If you have any questions, please contact me, or your staff may call Robert C. Barr, Director, Office of Environmental Safety and Quality, (509) 376-7851.

Sincerely,

Roy J. Schepens
Manager

ESQ:PRH

Attachments (2)

Notice of Finding

The responsibilities of CH2M HILL Hanford Group, Inc. (CHG) as they relate to the Quality Assurance (QA) requirements of CHG's scope of work, are defined in the River Protection Project Tank Farm (TF) Contract, Part I – The Schedule, Section H, H.30 *Quality Assurance System*. H.30 states “The Contractor shall develop and implement a company specific Quality Assurance Program (QAP), supported by documentation that describes its overall implementation of Quality Assurance (QA) requirements.” The QAP shall be developed based on:

- Title 10 Code of Federal Regulations (CFR) Part 830.120 for all nuclear facilities and projects within the scope of that document;
- DOE O 414.1A, *Quality Assurance*, requirements for facilities and projects not within the scope of 10 CFR 830.120; and
- Office of Civilian Radioactive Waste Management (OCRWM) *Quality Assurance Requirements and Description*, DOE/RW-0333P, for those elements of CHG's scope of work that involves the interim storage of spent nuclear fuel and high-level radioactive waste.

CHG's QA program is defined in TFC-PLN-02, *CH2M HILL Hanford Group Quality Assurance Program Description*. Implementing procedures describe processes to meet the requirements described in CHG's Quality Assurance Program Description (QAPD).

During performance of an assessment of CHG's Independent Assessment, Management Assessment, and Quality Improvement programs and activities, conducted February 10 through February 13, 2003, at CHG's offices, the U.S. Department of Energy, Office of River Protection (ORP) identified two Findings.

Finding 1 identified trending data was not utilized to identify areas for proposed management assessments.

- TFC-PLN-010, *Assessment Program Plan*, Revision A-1, dated December 10, 2002. Section 4.0 of the plan required the Assessment Program Manager to use trend information to help make recommendations to management in regards to management assessments. Contrary to this requirement CHG had not utilized trend data to identify areas for proposed management assessments.

Finding 2 identified examples of inadequate closure documentation and roll-up of Problem Evaluation Requests (PERs). The deficiencies were examples of repeat problems identified in a previous assessment (ORP letter from R. J. Schepens to E. S. Aromi, CHG, “Evaluation of CH2M HILL Hanford Group, Inc. (CHG) Corrective Actions for Special Report Order,” 02-AMSQ-035, dated October 15, 2002, Finding CM-1). In addition, the assessors found examples of inadequate PER categorization, and corrective action not addressing the stated problem. This Finding is comprised of the following five items:

Attachment 1
AR-A-03-ESQ-TANKFARM-001

1. TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2002, provided the implementing requirements for CHG to document and report deficiencies, evaluate the impact, or potential impact, of deficiencies, and for grading corrective action processes and establishing priorities. Table 2, *Problem Evaluation Request Significance Criteria*, stated a Significant per is "A repetitive issue; i.e., an adverse event, condition, or trend determined to be of sufficient importance to warrant an in-depth analysis in order to develop corrective action to prevent recurrence." Contrary to the requirements of TFC-ESHQ-C-C-01, two of a sample of eight PERs were incorrectly categorized as a PER with Resolution (PWR) instead of the required categorization as Significant PERs.

2. HNF-IP-0842, Volume 11, Section 2.6, *Causal Analysis And Corrective Action Planning*, Revision 0b, dated October 22, 2002, described CHG's process for determining the cause of problems and implementing appropriate corrective and preventive actions. The procedure required the apparent cause analysis evaluator to enter the apparent, direct, root, and contributing causes, as appropriate, in the "Causal Analysis, Apparent Cause and/or Root Cause Analysis" field in the PER database as well as remedial corrective actions. Contrary to the requirements for causal analysis, the apparent, direct, root, contributing causes, and remedial corrective actions for PER-2002-6512 were not entered into the PER database and documented evidence of causal analysis was not discovered.

3. TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2002, described CHG's process for tracking the status of deficiency corrective actions from initial reporting to closure completion and the adequacy of the corrective actions. TFC-CHARTER-05, *Rev B, Corrective Action Review Board*, dated January 30, 2003, provided the implementing requirements for the Contractor to evaluate and close PERs that are categorized as Significant PER. Contrary to TFC-ESHQ-C-C-01 and TFC-CHARTER-05:
 - One of three significant PERs did not have required closure documentation in the closure package.
 - Two of a sample of eight PWRs did not have final closure resolution documentation in the closure package at the time of the assessment.

4. HNF-IP-0842, Volume 11, Section 2.6, *Causal Analysis And Corrective Action Planning*, Revision 0b, dated October 22, 2002, required the development of a table identifying all the roll-up PERs and issues addressed in the host PER. The table is to identify issues and sub-issues, related PERs, cause codes, and planned corrective actions for each PER. Contrary to HNF-IP-0842, Volume 11, Section 2.6:
 - For PER-2002-6512 and PER-2002-6051 not all related PERs were identified.
 - PER-2002-5569 stated the causal analysis for Noncompliance Tracking System (NTS) 2002-0005 described the causes for the PER. The NTS report did not reference PER-2002-5569 or state the causal analysis issues described in the PER.

5. TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2002, Section 4.3.6, *Significant PERs*, required the actionee to complete action items. HNF-IP-0842, Volume 11, Section 2.6, *Causal Analysis and Corrective Action Planning*, Revision 0b, dated October 22, 2002, required corrective actions to be developed to address the root, direct, and contributing causes. Contrary to these requirements, the corrective action for Significant PER-2002-5222, was not completed. Specifically, CHG did not change HNF-IP-0842, Volume 14, Section 4.1, *Fitness for Duty*, to address situations where managers identify employee physical limitations that could affect the employee's fitness for duty.

ORP requests that CHG provide, within 30 days from the date of the letter that transmitted this Notice, a reply to the Findings above. The reply should include: 1) admission or denial of the Findings; 2) the reason for the Findings, if admitted, and if denied, the reason why; 3) the corrective steps that have been taken and the results achieved; 4) the corrective steps that will be taken to avoid further Findings; and 5) the date when full compliance with the applicable commitments in your Authorization Bases will be achieved. Where good cause is shown, consideration will be given to extending the requested response time.

Attachment 2
A-03-ESQ-TANKFARM-001

U.S. DEPARTMENT OF ENERGY
Office of River Protection
Environmental Safety and Quality

ASSESSMENT: TANK FARM CONTRACTOR INDEPENDENT ASSESSMENT,
MANAGEMENT ASSESSMENT, AND QUALITY IMPROVEMENT
PROGRAMS

REPORT: A-03-ESQ-TANKFARM-001

FACILITY: CH2M HILL Hanford Group, Inc.

LOCATION: P.O. Box 1500, H6-63
Richland, Washington 99352

DATES: February 10 through February 13, 2003

ASSESSORS: P. Hernandez, Lead Assessor
L. Dell, Assessor
D. Truman, Assessor

APPROVED BY: N. Hunemuller, Team Lead, Quality and Industrial Safety

Attachment 2
A-03-ESQ-TANKFARM-001

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EXECUTIVE SUMMARY

Tank Farm Contractor Independent Assessment, Management Assessment, and Quality Improvement Programs

INTRODUCTION

This assessment of CH2M HILL Hanford Group, Inc. (CHG) Independent Assessment, Management Assessment, and Quality Improvement programs covered the following specific areas:

- Independent Assessments (Section 1.2)
- Management Assessments (Section 1.3)
- Quality Improvement (Section 1.4)
- Stop Work (Section 1.5)

The assessors concluded, notwithstanding Findings A-03-ESQ-TANKFARM-001-F-01 and A-03-ESQ-TANKFARM-001-F-02, CHG had established and effectively implemented processes for independent assessments, management assessments, and quality improvement.

SIGNIFICANT OBSERVATIONS AND CONCLUSIONS

Effectiveness of Procedure

The assessors reviewed CHG's Independent Assessment procedure and confirmed it contained the requirements of CHG *Quality Assurance Program Description*, TFC-PLN-02, Revision A, and was adequately implemented.

Independent Assessment

CHG's Independent Assessment procedure was effective, and independent assessments were scheduled, planned, performed, and reported in accordance with the procedure. In addition, the assessment team concluded independent assessment teams were selected in accordance with the procedure, deficiencies identified during the independent assessments were documented in Problem Evaluation Requests, and independent assessment reports and plans were maintained within CHG's records management system.

Management Assessment

CHG's Management Assessment procedure was effective, although the assessors identified one Finding, A-03-ESQ-TANKFARM-001-F-01. Management assessments were scheduled, planned, performed, and reported in accordance with the procedure. CHG management identified and corrected problems that hindered the organization from achieving its objectives.

Finding A-03-ESQ-TANKFARM-001-F-01 describes the Management Assessment program not utilizing trending data to identify areas for proposed management assessments as required by FC-PLN-010, *Assessment Program Plan*, Revision A-1, dated December 10, 2002.

Quality Improvement

The assessors concluded, notwithstanding Finding A-03-ESQ-TANKFARM-001-F-02, CHG had established and effectively implemented quality improvement processes including corrective action management; reporting deficiencies in items, services, and processes in a timely manner to appropriate levels of management; and performance data analysis.

The Notice of Finding A-03-ESQ-TANKFARM-001-F-02 describes deficiencies discovered in the implementation of Contractor quality improvement processes.

Stop Work

The assessors concluded employees had the authority to stop work that they determine represents an imminent hazard and places their personal safety, the safety of their coworkers, or the environment at risk.

Table of Contents

1.0 REPORT DETAILS..... 1

1.1 Introduction..... 1

1.2 CH2M HILL Hanford Group, Inc. Independent Assessment Program 1

 1.2.1 Assessment Scope..... 1

 1.2.2 Observations and Assessments 1

 1.2.3 Conclusions..... 5

1.3 Management Assessments 5

 1.3.1 Assessment Scope..... 5

 1.3.2 Observations and Assessments 5

 1.3.3 Conclusion 8

1.4 Quality Improvement..... 8

 1.4.1 Assessment Scope..... 8

 1.4.2 Observations and Assessments 8

 1.4.3 Conclusion 12

1.5 Stop Work..... 13

 1.5.1 Assessment Scope..... 13

 1.5.2 Conclusions..... 13

2.0 EXIT MEETING SUMMARY..... 13

3.0 REPORT BACKGROUND INFORMATION..... 13

 3.1 Partial List of Persons Interviewed 13

 3.2 Qualification Records Reviewed 14

4.0 DOCUMENTS REVIEWED..... 14

 4.1 Assessment Procedures Used..... 20

 4.2 List of Items Opened, Closed, and Discussed..... 20

 4.2.1 Items Opened 20

 4.3 List of Acronyms 20

TANK FARM CONTRACTOR INDEPENDENT ASSESSMENT, MANAGEMENT ASSESSMENT, AND QUALITY IMPROVEMENT PROGRAMS

1.0 REPORT DETAILS

1.1 Introduction

In accordance with the River Protection Project (RPP) Tank Farm Contract,¹ CH2M HILL Hanford Group, Inc. (CHG) must comply with the accepted and approved *Quality Assurance Program Description*, TFC-PLN-02, Revision A.

The assessors reviewed CHG's Independent Assessment, Management Assessment, and Quality Improvement programs and activities to determine if they complied with the commitments in the Quality Assurance Program Description (QAPD) and the related implementing procedures. The onsite review was conducted from February 10, 2003, through February 13, 2003. An exit meeting was conducted March 12, 2003.

1.2 CH2M HILL Hanford Group, Inc. Independent Assessment Program

1.2.1 Assessment Scope

Independent Assessment Program Procedure

The assessors interviewed CHG personnel responsible for leading assessments and reviewed records of independent assessments to confirm compliance in the following areas:

- Effectiveness of the Independent Assessment Procedure
- Scheduling of Independent Assessments
- Independent Assessment Planning
- Independent Assessment Team Selection
- Independent Assessment Performance
- Independent Assessment Reporting
- Independent Assessment Responses
- Independent Assessment Records

1.2.2 Observations and Assessments

Effectiveness of the Independent Assessment Program Procedures

The assessors selected the following three assessments to review and interviewed the respective Assessment Team Leaders to confirm compliance in the areas listed above:

¹ Contract (DE-AC27-99RL14047) between the U.S. Department of Energy and CH2M HILL Hanford Group Inc., dated September 30, 1999.

- FY2003-CHG-I-0039, Independent Assessment of CHG Project Management on Initial Tank Retrieval System (W-211).
- FY2003-OPS-S-0115, February Dome Load Assessment Corrective Actions.
- FY2003-ESHQ-M-0024, Corrective Action Management, Including Effectiveness.

The assessors interviewed the Assessment Team Leaders from each of the assessments selected above to determine if they had any problems using procedure TFC-ESHQ-AP-C-02, *Independent Assessment Program*. Each of the Assessment Team Leaders told the assessors they had no problems using the procedure, and determined it to be straightforward and easy to follow. The assessors reviewed CHG's Independent Assessment procedure and confirmed it contained the requirements of the Contractor's QAPD, and was adequately implemented.

Scheduling of Independent Assessments

The assessors reviewed CHG's Fiscal Year (FY) 2003 Assessment Inventory Schedule, to confirm the schedule had been developed, reviewed periodically, and revised as necessary. The assessors compared the listing of independent assessments provided by CHG in preparation for the inspection with the scheduled independent assessments and confirmed the scheduled independent assessments had been performed as scheduled. The assessors determined development, review, and revision of the annual independent assessment schedule was conducted in accordance with CHG's QAPD Sections 3.9.2.1, 3.10.2, and 3.10.2.2

The assessors interviewed the Assessment Program Manager to determine the criteria used in scheduling independent assessments. The Assessment Program Manager told the assessors feedback from all levels of management, previous assessments, and Quality Assurance (QA) audit and surveillances fed into the independent assessment schedule. He told the assessors he informally contacted (via telephone) management and supervisory personnel periodically to determine the activities to be assessed as well as a formal request to management and supervision to determine from their upcoming work activities, what may require additional oversight and assessment. A review of the schedules concluded coverage of independent assessments was satisfactory and met the requirements of CHG's QAPD 3.10.2 and 3.10.2.2.

Independent Assessment Planning

The assessors reviewed the assessment plans for the three assessments selected above to confirm they contained the following information as required by the CHG's QAPD Section 3.10.2.2 and CHG's *Independent Assessment Program Procedure*, TFC-ESHQ-AP-C-02, Revision A:

- Assessment scope
- Requirements for performing the assessment
- Type of assessment personnel needed
- Activities to be assessed
- Organizations to be notified
- Applicable documents
- Schedule
- Written implementing documents or checklist to be used

The assessors concluded the required information was included in the assessment plans reviewed and were developed in accordance with the requirements of TFC-ESHQ-AP-C-02.

The assessors interviewed the Assessment Team Leaders to confirm the scope of the three assessments selected above and were confident the Assessment Team Leaders considered results of previous audits, impact of significant changes in personnel, procedures, and organization, and items to be assessed when developing the scope for their respective independent assessments.

Independent Assessment Team Selection

The Assessment Team Leaders for the three assessments selected above each said they selected the independent assessment team members by their experience and availability. All Assessment Team Leaders mentioned they confirmed the selected independent assessment team members were not directly responsible for the work to be assessed, as required by QAPD Section 3.10.2.2. The assessors reviewed CHG’s organization chart and confirmed the independent assessment team members used, were not directly responsible for the work to be assessed.

The assessors reviewed the independent assessment reports for the three assessments selected above to confirm the assessment team included representatives from the QA organization. Each Assessment Team Leader was from the QA organization, and each assessment contained one or more auditors as required by the QAPD Section 3.10.2.2.

Independent Assessment Performance

The assessors reviewed the completed checklists used for each of the three assessments selected above to confirm the elements selected for each independent assessment were evaluated against specified requirements. In addition, the assessors reviewed the selected independent assessment reports to determine the effectiveness of the QA program during each independent assessment. The assessors confirmed the requirements of QAPD Section 3.10.2.2, were met satisfactorily.

The assessors interviewed the Assessment Team Leaders from the three assessments selected above and reviewed the independent assessment reports to confirm the assigned team members had received training prior to the beginning of the assessment. Each Assessment Team Leader mentioned the expectations of the independent assessment, area assignments, and any questions by the independent assessment team were discussed during the pre-assessment meeting.

The assessors reviewed the three assessment reports selected above and the completed written checklists for each independent assessment to confirm objective evidence was examined to the depth necessary to determine if the elements were being effectively implemented. The assessors determined the checklists prepared by the independent assessment teams were satisfactory to meet the requirements of QAPD Section 3.10.2.2 and TFC-ESHQ-AP-C-02, Revision A.

Independent Assessment Reporting

The assessors reviewed the three assessment reports selected above to confirm the Assessment Team Leader had signed each report, and each report was distributed to the assessed and

impacted organizations. The assessors determined the reports were signed by the respective Assessment Team Leader, and the reports were distributed to the assessed and impacted organizations as required by QAPD 3.10.2.2 and TFC-ESHQ-AP-C-02, Revision A.

The assessors reviewed the three assessment reports selected above to confirm they contained the following information:

- Description of the assessment scope
- Identification of the assessment personnel and persons contacted
- Summary of assessment results, documents reviewed, persons interviewed, and results of the interviews
- Statement of effectiveness of the elements assessed
- Description of each reported condition adverse to quality

The information listed above was included in each of the three assessment reports selected above. The assessors confirmed independent assessments were documented satisfactorily.

The assessors reviewed the three assessment reports selected above to confirm conditions requiring prompt corrective actions were reported to management of the assessed organization. All conditions adverse to quality are documented into the Problem Evaluation Request (PER) which identifies the responsible organization for response and corrective action implementation.

Independent Assessment Responses

The assessors reviewed the selected independent assessment reports and PERs to confirm the management of the assessed organization or activity performed the following activities as applicable:

- Investigated conditions adverse to quality
- Determined and scheduled corrective action
- Notified the appropriate organization in writing of the actions taken or planned

Each PER was investigated, corrective action determined and scheduled, and the appropriate organization was notified, as required by QAPD 3.10.2.2 and *Problem Evaluation Request Procedure*, TFC-ESHQ-Q-C-C-01, Revision A1.

PERs Reviewed:

PER-2003-0198	PER-2002-6512	PER-2003-0089
PER-2003-0199	PER-2002-6511	PER-2003-0092
PER-2003-0200	PER-2001-1497	PER-2003-0191
PER-2002-6074	PER-2001-2112	PER-2003-0334
PER-2002-6498	PER-2003-0086	PER-2003-0338
PER-2003-0339	PER-2003-0337	

Independent Assessment Records

The assessors confirmed assessment reports and assessment plans for the three assessment reports selected above had been treated as records by the following methods:

- Reviewing the memorandums distributing the assessment reports and assessment plans.
- Verifying finalized reports were in the CHG Records Center.

The assessors verified that correspondence, distribution of reports, and the finalized report for the three assessments reviewed were in compliance with records and document control provisions identified in the QAPD Section 3.10.2.3, TFC-ESHQ-AP-C-02, Revision A, and CHG *Records Management Procedure*, TFC-BSM-IRM-DC-C-02, Revision A.

1.2.3 Conclusions

The assessors concluded CHG's Independent Assessment procedure was effective, and independent assessments were scheduled, planned, performed, and reported in accordance with the procedure. The assessors concluded independent assessment teams were selected in accordance with the procedure, deficiencies identified during the independent assessments were documented in PERs, and independent assessment reports and plans were maintained within the CHG's records management system.

1.3 Management Assessments

1.3.1 Assessment Scope

The assessors examined CHG's procedure and records, and interviewed personnel who had conducted management assessments to determine whether or not the management assessment procedure was adequate and effective. In addition, the assessors examined records and interviewed personnel to confirm the following requirements from the QAPD, Section 3.9.2.1 had been achieved during implementation of the management assessment process:

- Procedures were in place and followed for the conduct of management assessments.
- Management regularly assessed the adequacy and effective implementation of CHG's management processes.
- Results of management assessments were documented and distributed to the appropriate management.
- Management identified and corrected problems that hindered the organization from achieving its objectives.

1.3.2 Observations and Assessments

The assessors reviewed procedure TFC-ESHQ-AP-C-01, *Management Assessment Program*, Revision A-2, dated December 19, 2002, and interviewed the Manager of Assessment Programs. The assessors determined through the interview with the Manager of Assessment Programs, review of management assessment reports, and review of the assessment report inventory, that

management assessments were conducted of functional areas and at a lower level by line management within each functional area.

Management Assessments of Functional Areas

The assessors determined CHG complied with the procedure by scheduling and conducting management assessments of the following 10 functional areas:

1. Business Services
2. Engineering
3. Operations
4. Environmental, Safety, Health, and Quality
5. Quality Assurance
6. Double-Shell Tank Facilities (Operations)
7. Single-Shell Tank Facilities (Operations)
8. Maintenance (Operations)
9. Projects
10. Nuclear Operations

In order to determine whether or not CHG's Management Assessment procedure was effective, the inspectors interviewed the three individuals who had conducted the following management assessments of functional areas:

- Project Delivery Management Assessment-Project Execution Planning
- Management Assessment on Cross-Site Transfer Requirements
- Phase II Vital Safety System Assessment: 241-SY Tank Farm Ventilation System (specialty assessment)

The individuals interviewed stated the procedure was easy to use and the process was useful to identify problems within each organization. The managers interviewed had met the training requirements set forth in procedure TFC-ESHQ-AP-C-01, *Management Assessment Program*, Revision A-2, which included classroom training, a web-based course, and a qualification card.

The assessors reviewed the following assessment schedules to confirm management assessments were scheduled, assessment topics were identified, and that managers were assigned responsibility for conducting management assessments.

- CHG FY 2002 Assessment Schedule
- FY 2003 CHG Integrated Assessment Schedule
- FY 2003 Engineering Assessment Schedule

The assessors concluded the scheduling of management assessments of the functional areas was compliant with the QAPD 3.9.2.1 and TFC-ESHQ-AP-C-01. In some instances the management assessment schedule was not met. It is the current practice for managers to complete the management assessments on time or to seek permission from CHG senior management for a delay.

Attachment 2
A-03-ESQ-TANKFARM-001

The assessors reviewed completed management assessment reports, conducted interviews, reviewed management assessment Program Reports, and attended meetings to determine if the results of management assessments are reported to affected organizations and appropriate levels of management. A review of the distribution lists on each management assessment report reviewed verified that reports are distributed as required to managers of affected organizations. During interviews the assessors were told that in at least two instances management assessment results were discussed between the performer and senior management, as well as with the U.S. Department of Energy (DOE) customer. The assessors attended a meeting of the President's Quality Council, where the results of assessments and the status of the resulting corrective actions were presented to CHG senior management. During the interviews and meeting the assessor verified that CHG senior management maintained awareness of the overall results of the management assessment process. The assessor was informed senior management uses the results of assessments as input for topics for areas to be evaluated in future assessments.

The assessors reviewed TFC-PLN-010, *Assessment Program Plan*, Revision A-1, dated December 10, 2002. Section 4.0 of the plan required the Assessment Program Manager to use trend information to help make recommendations to management in regards to management assessments. In an interview with the Assessment Program Manager, he said that he had not used trend information in the process of recommending management assessment areas to other managers. The contractor had developed a formal trending program, but had not been utilized to identify areas for proposed management assessments. This is Finding A-03-ESQ-TANKFARM-001-F-01.

The assessors reviewed completed management assessment reports and conducted interviews to determine if problems identified are resolved according to their importance. The level of importance was assigned to each PER during the screening process. In addition, the assessors reviewed corrective action documents to determine if management responsible for the activities assessed assigned and tracked improvement actions to completion.

The assessors reviewed PER-2002-6400, *Results of a Corrective Actions Management Assessment*, dated December 9, 2002. The PER was written as a result of performing a management assessment of corrective actions. Ten recommendations resulted in a review of the PER screening process, and revision to the PER procedure (TFC-ESHQ-Q-C-C-01), and Management Assessment and Projects Feedback, and Continuous Improvement procedures.

PER-2003-0191, *Management Assessments & Observations*, dated January 1, 2003, described a situation where required PERs were not being generated to reflect adverse conditions noted during the performance of Management Assessments and Management Observations. As a result of the identified issues from this management assessment, the Assessment Organization no longer accepts completed assessments where the generation of a PER is needed but no PER has been written. The deficient management assessments are returned to the originator for PER initiation.

The assessors verified problems identified by management assessments that hinder the organization from achieving its objectives are resolved according to their importance and management responsible for the activities assessed determined, assigned, and tracked appropriate improvement actions to completion.

1.3.3 Conclusion

The assessors verified procedures are in place and are being followed, although the assessors identified one Finding, for the conduct of management assessments.

1.4 Quality Improvement

1.4.1 Assessment Scope

The assessors reviewed Performance Indicator reports, PERs, and interviewed responsible staff in order to confirm the Contractor had established and effectively implemented quality improvement processes including:

- Corrective action management;
- Reporting deficiencies in items, services, and processes in a timely manner to appropriate levels of management; and
- Performance data analysis.

1.4.2 Observations and Assessments

Corrective Action Management

The assessors examined the following CHG processes to determine compliance to the requirements.

- Documenting and reporting deficiencies, and evaluating the impact, or potential impact, of deficiencies for grading corrective action processes and establishing priorities;
- Determining the cause of problems and implementing appropriate corrective and preventive actions;
- Verifying the completion and adequacy of actions;
- Tracking the status of deficiency correction from initial reporting to closure;
- Determining the adequacy and effectiveness of the corrective and preventive actions for significant problems;
- Verifying deficiency identification, response, and action verification were documented and tracked; and
- Verifying deficiencies were reviewed for reportability to DOE in accordance with *DOE Operational Procedures, Operational Procedures for Identifying, Reporting, and Tracking Nuclear Safety Noncompliances Under Price-Anderson Amendments Act of 1988*, dated June 1998, and applicable contractor procedures.

TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2002, provided the implementing requirements for CHG to document and report deficiencies, evaluate the impact, or potential impact, of deficiencies, and for grading corrective action processes and establishing priorities. The procedure defined seven different PER screening categories. The assessors reviewed a sample of 11 PERs to determine if CHG's process for grading corrective

Attachment 2
A-03-ESQ-TANKFARM-001

actions was correctly followed. Three of the 11 PERs were categorized as PER with Resolution (PWR). This category described an adverse event or condition that requires further investigation to determine an apparent cause and develop preventive corrective action(s). Eight of the PERs were categorized as Significant PERs. This category of PER included repeat PERs and events or conditions that are determined to be significant based on adverse impact on personnel safety, Authorization Basis or Technical Safety Requirement compliance, regulatory or enforcement actions, or configuration control.

Two of the sample of eight PWRs were categorized as a PWR instead of the required categorization as a Significant PER. PER-2002-5623 described administrative errors in dome loading documentation. One of the criteria TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2002, describes, as a determining factor for PER significance is the PER is an example of a repetitive problem. At the time PER-2002-5623 was written, three Significant PER's documenting dome loading problems were in the PER process with completed resolutions and open corrective actions. When this example of a miss-categorization of a PER was brought to CHG management attention, they replied, "There was no value to the company to create another Significant PER to address the same issue."

As a PWR categorization instead of a Significant PER, PER-2002-5623 did not:

- Reference the other significant PERs (roll-up) and their cause analysis or corrective actions as satisfying the corrective action management requirements.
- Require the same level of rigor for causal analysis, corrective action planning, and end-point assessment.
- Reinforce procedure compliance.

In another example of miss-categorization, PWR PER-2002-5724 described dome loads not being removed from the Dome Load Log in a timely manner. It was written after resolution of significant dome loading PERs-2002-0763, 0992, and 3966, and resolved before significant dome loading PER-2002-6051 was issued. PER-2002-5724 described repeat dome loading issues, and should have been categorized as a Significant PER.

HNF-IP-0842, Volume 11, Section 2.6, *Causal Analysis and Corrective Action Planning*, Revision 0b, dated October 22, 2002, described CHG's process for determining the cause of problems and implementing appropriate corrective and preventive actions. The procedure required the apparent cause analysis evaluator to enter the apparent direct, root, and contributing causes, as appropriate, in the "Causal Analysis, Apparent Cause and/or Root Cause Analysis" field in the PER database as well as remedial corrective actions. PER-2002-6512 described roll up and reconciliation problems for Dome Loading issues. It stated the roll-up process was started for Dome Loading issues but was abandoned. Contrary to the requirements for causal analysis, the apparent direct, root, contributing causes, and remedial corrective actions were not entered into the PER database and documented evidence of causal analysis was not discovered.

TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2002, described CHGs process and tracking the status of deficiency corrective actions from initial reporting to closure completion and the adequacy of the corrective actions. TFC-CHARTER-05, *Corrective Action Review Board*, Revision B, dated January 30, 2003, provided the

implementing requirements for CHG to evaluate and close PERs that were categorized as Significant PER.

The assessors reviewed closure packages for a sample of three of 10 closed Significant PERs and eight PWRs to determine the adequacy of:

- Closure documentation; and
- Reconciliation of the PER roll-up process.

Section 4.4.2 of TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2002, requires signed hard copies by the responsible manager for PER closure for:

- Significant PERs
- Noncompliance Tracking System (NTS) related PERs
- Occurrence report related PERs
- Roll-up PERs (host)
- Externally identified PERs.

One of three Significant PERs did not have required closure documentation in the closure package. Significant PER, PER-2002-5222, did not have the required closure statement. The closure statement was put in the closure package during the assessment.

Two of a sample of eight PWRs did not have final closure resolution documentation in the closure package at the time of the assessment. PER-2002-5472, an externally identified PER, did not have the required signed hard copy of the resolution and corrective action closures in the closure package. PER-2002-6046 did not have final closure resolution documentation in the closure package. It was put into the closure package during the assessment.

These were examples of a repeat problem identified in a previous assessment (DOE Office of River Protection [ORP] letter from R. J. Schepens to E. S. Aromi, CHG, "Evaluation of CH2M HILL Hanford Group, Inc. [CHG] Corrective Actions for Special Report Order," 02-AMSQ-035, dated October 15, 2002, Finding CM-1). PERs to address the issue of inadequate closure documentation were PER-2002-3823 and PER-2002-5173. PER-2002-3823 was closed and PER-2002-5173 corrective actions were complete.

HNF-IP-0842, Volume 11, Section 2.6, *Causal Analysis and Corrective Action Planning*, Revision 0b, dated October 22, 2002, required the development of a table identifying all the roll-up PERs and issues addressed in the host PER. The table was to identify issues and sub-issues, related PERs, cause codes, and planned corrective actions for each PER.

PER-2002-6512, a PWR, stated roll up reconciliation was started for Dome Loading issues but was abandoned. When this was brought to CHG management attention, they responded that the PER was initiated as a result of a self-identified assessment issue to identify and resolve roll-up linkages between four Significant PER's and 119 PERs on dome loading. The memo attached to PER-2002-6512 listed 20 PERs, far short of the 119 PERs stated as being in the PER database. The memo also listed PER-2002-6051 as the new significant PER on dome loading. PER-2002-6051 listed 97 PERs, which was also short of the 119 PERs described by PER-2002-6512.

Attachment 2
A-03-ESQ-TANKFARM-001

In another example of inadequate PER roll-up reconciliation, the assessors reviewed PER-2002-5569. PER-2002-5569 stated the causal analysis for NTS 2002-0005 described the causes for the PER. The assessors reviewed NTS 2002-0005 and discovered the NTS report did not reference PER-2002-5569 or state the causal analysis issues described in the PER.

This was a repeat of a previous assessment (02-AMSQ-035, Finding CM-1). PER-2002-2956 was issued to resolve PER roll-up problems and closed January 9, 2003.

The assessors reviewed corrective action for significant PER-2002-5222, *Personnel Injury*. The PER required a review of the current Fitness for Duty procedure to evaluate if changes were needed to the procedure to provide managers with guidance when physical limitations were observed in workers. The assessors reviewed HNF-IP-0842, Volume 14, Section 4.1, *Fitness for Duty*, Revision 0b, dated January 8, 2003. Changes were made to the procedure but did not include guidance on how to proceed when physical limitations are observed in workers. The procedure did not address physical limitations.

Reporting Deficiencies

The assessors reviewed TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2003, to verify CHG had established a process for reporting deficiencies in items, services, and processes in a timely manner to appropriate levels of management. The procedure provided instructions for use of the PER process and established the requirements and responsibilities for the timely identification and evaluation of conditions and the correction of deficiencies adverse to quality, safety, health, operability, and the environment. It also required adequate documentation and tracking of corrective actions. Process steps included PER initiation, screening, resolution, corrective action implementation, and closure. The procedure implemented a zero-threshold PER process that enables personnel the ability to initiate a PER for any quality-related deficiency or process improvement evaluation.

Performance Data Analysis

The assessors reviewed TFC-PRJ-PC-C-11, REV A, *Performance Indicator Program*, dated July 31, 2002, and *Tank Farm Contractor Performance Indicators*, dated December 2002, to determine if deficiencies, contributing causes, risk values, timeliness of corrective actions, and other pertinent data related to RPP quality performance were analyzed for trends by CHG. Performance indicators used for data analysis were segmented into five functional areas and formatted using WSRC-RP-2002-00252, *Energy Facility Contractors Group Performance Metrics Manual*, Revision 1, and *DOE Performance Metrics Reporting Process, Point Paper*, Revision 2, dated November 1, 2002. The functional areas were:

- Management Systems
- Operational Performance
- Infrastructure and Facility Management
- Risk Reduction
- Project and Requirements Management

Attachment 2
A-03-ESQ-TANKFARM-001

Contractor performance indicators were owned by senior level management and have a corresponding ORP owner. They were disseminated to all CHG and ORP staff via the Hanford Intranet.

The assessors reviewed TFC-PRJ-PC-C-11, Revision A, *Performance Indicator Program*, dated July 31, 2002, to determine if procedure(s) governing performance data analysis were developed and implemented, and performance indicators (metrics) were developed and used to identify trends relative to contractor performance.

An example of CHG using the PER system as a tool to identify an adverse trend, was found in Significant PER-2002-4865. This PER was initiated as a result of multiple discrepancies associated with continuous air monitors used as leak detectors on Tank Farms Ventilation systems. All trouble-shooting activities by Health Physics Technicians (HPT) were suspended and limited to work scope designated in three procedures TF-OPS-005, 006, and 012, until procedures and training had been instituted to provide HPT(s) with adequate controls and instructions to perform trouble-shooting activities safely and proficiently. A causal analysis described inadequate managerial methods as the cause of the adverse trend including:

- Lack of formal communication between Radiological Control and Operations;
- Lack of consistency between procedures used by Operations and Radiological Control; and
- Lack of communication between the shift office and the field

A Contractor Lessons Learned Bulletin, GI-02-14, dated December 3, 2002, was issued to disseminate the information learned from this PER.

In another example, PER-2002-6715, dated December 31, 2002, was written to evaluate 70 PERs identifying procedure-related problems in the month of November 2002. Most of the PERs documented relatively minor administrative or technical errors within procedures, or recommended improvements. PER-2002-6715 recommended a review to determine if additional management actions were needed and if planned actions in the Contractor Operations Improvement Plan adequately addressed needed improvements.

The assessors determined CHG had established a comprehensive set of performance indicators to identify trends affecting performance.

1.4.3 Conclusion

The assessors concluded, notwithstanding Findings A-03-ESQ-TANKFARM-001-F-01 and A-03-ESQ-TANKFARM-001-F-02, CHG had established and effectively implemented quality improvement processes including:

- Corrective action management;
- Reporting deficiencies in items, services, and processes in a timely manner to appropriate levels of management; and
- Performance data analysis.

1.5 Stop Work

1.5.1 Assessment Scope

The assessors reviewed TFC-ESHQ-S_SAF-C-04, *Stop Work Authority*, Revision A-1, dated February 3, 2003, and three related PERs to verify employees had the authority to stop work that they determined represents an imminent hazard and places their personal safety, the safety of their coworkers, or the environment at risk and to verify CHG management ensured RPP personnel have the authority to stop work. Three stop work conditions were described in the following PERs.

- PER-2002-6357, *Stop work for guzzler activity*, dated December 5, 2002
- PER-2002-1119, *Radiological Stop Work Projects*, dated February 25, 2002
- PER-2002-1120, *Radiological Stop Work Projects*, dated February 25, 2002

The assessors determined the procedure was adequate and the PER documentation provided sufficient evidence of adequate procedure implementation.

1.5.2 Conclusions

The assessor concluded employees had the authority to stop work that they determine represents an imminent hazard and places their personal safety, the safety of their coworkers, or the environment at risk.

2.0 EXIT MEETING SUMMARY

The assessors presented preliminary assessment results to members of CHG's management at an exit meeting held on March 12, 2003. CHG acknowledged the findings and conclusions presented.

The assessors asked CHG whether any materials examined during the assessment should be considered as proprietary data. No proprietary data were identified.

3.0 REPORT BACKGROUND INFORMATION

3.1 Partial List of Persons Interviewed

S. J. Eberlein, Vice President, Environmental, Safety, Health and Quality Assurance
C. E. Anderson, Assessment Program Manager
E. R. Hamm, Manager, Configuration Management
E. Mayer, Senior Technical Advisor
W. L. Smoot, Director, Price-Anderson Amendment Act
R. Higgins, Manager, Quality Assurance
S. S. Fox, Records Specialist
J. E. Van Beek, Project Director, Project W-211

J. D. Doughty, Environmental Services Assessment Program Director
 H. M. Hassell, Manager, Program Quality Support
 T. R. Burdine, Performance Evaluation Coordinator
 R. Steele, Manager, Engineering Assurance

3.2 Qualification Records Reviewed

Lead Auditor and Assessor Qualifications

W. L. Smoot, Qualification date, November 27, 2002
 D. D. Carson, Qualification date, March 8, 2002
 C. N. Hogan, Qualification date, October 15, 2002
 J. A. Ard, Qualification date, December 2, 2002
 T. Macivca, Qualification date, December 2, 2002
 N. D. Lake, Qualification date, November 27, 2002
 O. McAfee, Qualification date, November 27, 2002
 T. L. Moore, Qualification date, November 27, 2002
 W. R. Weir, Qualification date, November 27, 2002
 P. Wright, Qualification date, November 27, 2002

4.0 DOCUMENTS REVIEWED

Documents

1. *Project Delivery Management Assessment-Project Execution Planning*, from J. Van Beek to J. Eaker, dated January 30, 2003
2. Handout, *End-Point Assessment Presentation to Corrective Action Review Board*, by Craig Anderson, dated February 6, 2003.
3. 7TB00-WER-02-026, *Management Assessment on Cross-Site Transfer Requirements*, from W. Ross to J. McDonald, dated December 26, 2002.
4. RPP-13869, *Phase II Vital Safety System Assessment: 241-SY Tank Farm Ventilation System*, by R. Steele, dated February 11, 2003.
5. 7T500-MAW-03-0001, *Maintenance Management Assessment Program Report*, dated January 17, 2003.
6. 71000-EEM-03-002, *Operations Assessment Report for October and November 2002*, by Ed Mayer, dated December 13, 2002.
7. CH2M HILL Hanford Group, Inc., *End-Point Assessment of Problem Evaluation Request (PER)-2002-0964 Actions 7BB00-CEA-03-004*, dated January 28, 2003.
8. *CH2M Hill President's Quality Council Handout*, dated February 5, 2003.

Attachment 2
A-03-ESQ-TANKFARM-001

9. 7B400-02-HMH-049, CH2M HILL Hanford Group Inc., Audit Report RPP-A-02-07, Revision 0, *River Protection Project Audit of Management/Independent Assessments*, dated September 9, 2002.
10. 7BB00-03-CEA-002, *CH2M Hill Hanford Group, Inc. Integrated Assessment Group Schedule-Fiscal Year 2003*, dated January 22, 2003
11. 7BB00-CEA-03-003, *CH2M Hill Hanford Group Inc., Assessment of Maintenance Systems for Double Shelled Tanks-Assessment Notification Letter*, dated January 27, 2003.
12. *Independent Assessment of CH2M Hill (CHG) Project Management on Initial Tank Retrieval System (W-211) (DRAFT) Assessment Plan*, dated December 2002.
13. CH2M HILL Hanford Group Inc., *Assessment Program Management Assessment Report*, dated February 5, 2003.
14. CH2M HILL Hanford Group Inc., *Assessment Program Assessment Inventory for FY2002*, dated February 5, 2003.
15. CH2M HILL Hanford Group Inc., *Assessment Program Update Presentation slides-Presented by Craig Anderson*, dated January 9, 2003.
16. CHG Integrated Process Assessment Team Leader and Team Member Qualification-Michael Witherspoon, dated December 2, 2002.
17. CHG Integrated Process Assessment Team Leader and Team Member Qualification-Dennis Carson, dated November 27, 2002.
18. CHG Integrated Process Assessment Team Leader and Team Member Qualification-Nora Lake, dated November 27, 2002.
19. CHG Integrated Process Assessment Team Leader and Team Member Qualification-O'Neal McAfee, dated November 27, 2002.
20. CHG Integrated Process Assessment Team Leader and Team Member Qualification-Terry Moore, dated November 27, 2002.
21. CHG Integrated Process Assessment Team Leader and Team Member Qualification-William Weir, dated November 27, 2002.
22. CHG Integrated Process Assessment Team Leader and Team Member Qualification-Paul Wright, dated November 27, 2002.
23. CHG Integrated Process Assessment Team Leader and Team Member Qualification-William Smoot, dated November 27, 2002.

Attachment 2
A-03-ESQ-TANKFARM-001

24. 7BB00-03-001, CH2M HILL Hanford Group Inc., *Environmental, Safety, Health and Quality Management Assessment of Corrective Action Management System*, FY-2003-ESHQ-M-0024, dated November 27, 2002.
25. 7T900-02-CEH-004-R1, CH2M HILL Hanford Group Inc., *February 2002 Assessment, Authorization Basis Compliance, Administrative Control 5.16 Load Lifting and Dome Loading Controls*, FY-2003-OPS-S-0115, dated march 6, 2002.
26. 7B00-003-001, CH2M HILL Hanford Group Inc., *Assessment Report FY2003-CHG-I-0039, Independent Assessment of CH2m Hill Project Management on Initial Tank Retrieval System (W-211)*, dated January 15, 2003.
27. ORP letter from R. J. Schepens to E. S. Aromi, CHG, "Evaluation of CH2M HILL Hanford Group, Inc. (CHG) Corrective Actions for Special Report Order," 02-AMSQ-035, dated October 15, 2002.
28. Lessons Learned Bulletin, GI-02-14, dated December 3, 2002.

Procedures

29. TFC-ESHQ-AP-C-01, *Management Assessment Program*, Revision A-2, dated December 19, 2002.
30. HNF-IP-0842, 4.6.3, *Lessons Learned Procedure*, Revision 2f, dated April 25, 2002.
31. TFC-ESHQ-PAAA-D-04, *PAAA Review and Closure of Noncompliance Tracking System Packages*, Revision A, dated January 20, 2003.
32. TFC-ESHQ-Q-ADM-C-02, *Nonconforming Item Reporting and Control*, Revision A, dated July 9, 2002.
33. HNF-IP-0842, 4.6.2, *Occurrence Reporting and Processing of Operations Information*, Revision 6i, dated October 24, 2002.
34. TFC-ESHQ-AP-C-02, *Independent Assessment Program*, Revision A, dated September 2, 2002.
35. TFC-PLN-02, *Quality Assurance Program Description*, Revision A, dated November 27, 2002.
36. TFC-ESHQ-C-C-01, *Problem Evaluation Request*, Revision A-1, dated December 27, 2003.
37. TFC-CHARTER-05, *Corrective Action Review Board*, Revision B, dated January 30, 2003.

38. TFC-PRJ-PC-C-11, *Performance Indicator Program*, Revision A, dated July 31, 2002.
39. WSRC-RP-2002-00252, *Energy Facility Contractors Group Performance Metrics Manual*, Revision 1.
40. *DOE Performance Metrics Reporting Process, Point Paper*, Revision 2, dated November 1, 2002.

Problem Evaluation Reports

41. PER-2002-3266, *Improvements of the Environmental Assessment Program Identified*, dated June 6, 2002.
42. PER-2002-5222, *Personnel Injury*, dated September 26, 2002.
43. PER-2002-0504, *CCC key control program does not meet all of the source document requirements*, dated January 29, 2002.
44. PER-2002-5472, *C-103 HIHTL evaluation*, dated October 8, 2002.
45. PER-2002-5464, *Increase in # of Overdue Occurrence Rpt. Corrective Actions*, dated October 3, 2002.
46. PER-2002-5623, *Dome Load Administrative Error*, dated October 18, 2002.
47. PER-2002-5569, *Dome Loading Corrective Actions Ineffective*, dated October 16, 2002.
48. PER-2002-5535, *Inaccurate Data Entered into ABCASH*, dated October 14, 2002.
49. PER-2002-6046, *Truck Driver in Radiological Buffer Area without TLD*, dated November 13, 2002.
50. PER-2002-6512, *Dome load assessment of corrective actions*, dated November 13, 2002.
51. PER-2002-3755, *244-AR Vault Occurrence 1FON(2) and PISA*, dated July 7, 2002.
52. PER-2002-6357, *Stop work for guzzler activity*, dated December 5, 2002.
53. PER-2002-1119, *Radiological Stop Work Projects*, dated February 25, 2002.
54. PER-2002-1120, *Radiological Stop Work Projects*, dated February 25, 2002.
55. PER-2002-0539, *SST RAS truck operations - RWP Does not match the procedure*, dated January 31, 2002.

Attachment 2
A-03-ESQ-TANKFARM-001

56. PER-2002-0840, *SMOP observations on Red Circled round sheet readings*, dated February 8, 2002.
57. PER-2002-6614, *Cross-site staffing improvement recommendation*, dated December 23, 2002.
58. PER-2003-0198, *Flow-down of Occupational Safety Requirements (FY2003-CHG-I-0039)*, dated January 14, 2003.
59. PER-2003-0199, *W-211 Project Subcontractor oversight plan not approved by ESH and RadCon (FY2003-CHG-I-0039)*, dated January 14, 2003.
60. PER-2003-0200, *Project did not ensure quality records were complete and accurate prior to approval of Subcontractor submittal (FY2003-CHG-I-0039)*, dated January 14, 2003.
61. PER-2002-6074, *Fluor Hanford Site Fabrication Services's placement on CH2M Hill ESL had expired w/o re-evaluation (FY2003-CHG-I-0039)*, dated November 15, 2002.
62. PER-2002-6498, *Roll-up of observations from assessment FY2003-CHG-I-0039*, dated December 30, 2002.
63. PER-2002-6512, *Roll-up of Significant PERS from previous assessment of Dome Loading was not performed.(FY-2003-OPS-S-0115)*, dated November 13, 2002.
64. PER-2002-6511, *Implementing procedures for dome loading inadequate (FY-2003-OPS-S-0115)*, dated November 13, 2002.
65. PER-2001-1497, *Corrective Action Review Board needs to finalize and enter corrective actions into tracking system (FY-2003-OPS-S-0115)*, dated September 12, 2001.
66. PER-2001-2112, *Nitrite addition operations questioned concerning wrapping of pressurized components during addition. (FY-2003-OPS-S-0115)*, dated November 28, 2001.
67. PER-2003-0086, *PER procedure needs clarification or revision. (FY-ESHQ-M-0024)*, dated January 6, 2003.
68. PER-2003-0089, *ESTARS software security currently in place does not allow an individual to review all open ESTARS commitments (FY-2003-ESHQ-M-0024)*, January 6, 2003.
69. PER-2003-0092, *Information Only tasks are being given a due date. Makes the task more of a requirement than information. (FY-2003-ESHQ-M-0024)*, January 6, 2003.
70. PER-2003-0334, *CAG is overloaded and ESTARS input is significantly behind. (FY-2003-ESHQ-M-0024)*, dated January 23, 2003.

Attachment 2
A-03-ESQ-TANKFARM-001

71. PER-2003-0337, *CAG performance indicators exist, but provide management with few management tools for tracking and trending.*(FY-2003-ESHQ-M-0024), dated January 23, 2003.
72. PER-2003-0338, *Root Causes are defined and CAs are aimed at programmatic improvements. Needs to be broader in scope* (FY-2003-ESHQ-M-0024), dated January 23, 2003.
73. PER-2003-0339, *Individual corrective action owners on PERs with multiple CAs and action owners* (FY-2003-ESHQ-M-0024), dated January 23, 2003.
74. PER-2003-0198, *Subcontractor safety requirements from CH2M HILL*, dated January 14, 2003.
75. PER-2002-6512, *Dome load assessment of corrective actions*, dated November 13, 2002.
76. PER-2003-0089, *Access to ESTARs database*, dated January 6, 2003.
77. PER-2003-0199, *W-211 Project subcontractor oversight plan for ESH&Q*, dated January 14, 2003.
78. PER-2002-6511, *Dome load implementing procedures*, dated November 13, 2002.
79. PER-2003-0092, *Due dates assigned to INFORMATION ONLY tasks*, dated January 6, 2003.
80. PER-2003-0200, *Quality records maintained by Projects*, dated January 4, 2003.
81. PER-2001-1497, *TSR task team report needs to be finalized*, dated September 12, 2001.
82. PER-2003-0191, *Management Assessments & Observations*, dated January 15, 2003.
83. PER-2002-6074, *FH fabrication services expired on evaluated suppliers list*, dated November 15, 2002.
84. PER-2001-2112, *Approval of One-time extension of Administrative Control (AC) 5.23, caustic transfer controls*, dated November 28, 2001.
85. PER-2003-0334, *Corrective action system assessment*, dated January 23, 2003.
86. PER-2002-6498, *ES&H, RadCon Subcontractor Oversight Program Plan requirement*, dated December 13, 2002.
87. PER-2003-0086, *Problem Evaluation Request suggestions*, dated January 6, 2003.

- 88. PER-2003-0338, *Corrective action management system assessment*, dated January 23, 2003.
- 89. PER-2003-0339, *Corrective Action System Assessment*, dated January 23, 2003.
- 90. PER-2003-0337, *Corrective action management system assessment*, dated January 23, 2003.

4.1 Assessment Procedures Used

ORP PD 220.1-7, *Assessment of Tank Farm Contractor Management and Independent Assessments and Quality Improvement*, Revision 0, dated January 6, 2003.

4.2 List of Items Opened, Closed, and Discussed

4.2.1 Items Opened

Findings

A-03-ESQ-TANKFARM-001-F-01 Trending data was not utilized to identify areas for proposed management assessments.

The assessors reviewed TFC-PLN-010, *Assessment Program Plan*, Revision A-1, dated December 10, 2002. Section 4.0 of the plan required the Assessment Program Manager to use trend information to help make recommendations to management in regards to management assessments. In an interview with the Assessment Program Manager, he said that he had not used trend information in the process of recommending management assessment areas to other managers. CHG has developed a formal trending program, but at this stage of the assessment program trending data had not been utilized to identify areas for proposed management assessments. See Section 1.3.2 for details.

A-03-ESQ-TANKFARM-001-F-02 Inadequate closure documentation, roll-up, categorization, and corrective actions.

ORP identified examples of inadequate closure documentation and roll-up of PERs. The deficiencies were examples of repeat problems identified in a previous assessment. In addition, the assessors found examples of inadequate PER categorization, and corrective action not addressing the stated problem. See Sections 1.4.2 for details.

4.3 List of Acronyms

- CHG CH2M HILL Hanford Group, Inc.
- DOE U.S. Department of Energy
- ESTARS Electronic Suspense Tracking and Routing System
- FY Fiscal Year
- HPT Health Physics Technician
- ORP Office of River Protection

Attachment 2
A-03-ESQ-TANKFARM-001

PER	Problem Evaluation Request
PWR	PER with Resolution
QA	Quality Assurance
QAPD	Quality Assurance Program Description
RPP	River Protection Project
TFC	Tank Farm Contractor

Task Detail Report

03/31/2003 08:10 AM

Task #: ORP-ESQ-2003-0015

Parent Task #:

Subject: CONCUR:03-ESQ-014;ORP ASSESSMENT REPORT, A-03-ESQ-TANKFARM-001, OF CH

Category: None

Due Date:

Originator: Mosby, Debbie A

Reference #: 03-ESQ-014

Deliverable: None

Status: Open

Priority: None

Originator Phone: (509)376-9106

Assigned By: Self

Assigned Role: Originator

Assigned Date: 03/17/2003

Assigned Due Date:

Routing Lists: **Route List - Active**

- Hernandez, Paul R - Approve - Approve - 03/27/2003 06:54 (By: Mosby, Debbie A)
- Hunemuller, Neal K - Approve - Approve - 03/27/2003 06:55 (By: Mosby, Debbie A)
- Barr, Robert C - Approve - Approve - 03/26/2003 07:51 (By: Hopkins, Dianne)
- O'Connor, Judith S - Approve - Approve - 03/26/2003 10:59
- Erickson, Leif - Approve - Approve - 03/26/2003 16:26 (By: Deutsch, V Genie)
- Schepens, Roy J - Approve - Approve - 03/31/2003 07:46 (By: Deutsch, V Genie)

Instructions:

Correspondence is being routed for concurrence via hard copy instead of electronically. Once you receive the correspondence, please approve or disapprove electronically via E-STARS and route to next person on the routing/concurrence list.

bcc:

ESQ OFF FILE

ESQ RDG FILE

MGR RDG FILE

R. C. BARR, ESQ

P. R. HERNANDEZ, ESQ

N. K. HUNEMULLER, ESQ

J. S. O'CONNOR, OPA

- Attachments:**
1. 03-ESQ-014.att1.doc
 2. 03-ESQ-014.att2.doc
 3. 03-ESQ-014.prh.doc

Comments

Task Due Date History:

Date Modified

Task Due Date

Modified By

-- End of Report --

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MAR 31 2003

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Task Detail Report

03/27/2003 06:56 AM

Task #: ORP-ESQ-2003-0015

Parent Task #:
Subject: CONCUR:03-ESQ-014;ORP ASSESSMENT REPORT, A-03-ESQ-TANKFARM-001, OF CH
Category: None
Due Date:
Originator: Mosby, Debbie A

Reference #: 03-ESQ-014
Deliverable: None
Status: Open
Priority: None
Originator Phone: (509)376-9106

Assigned By: Self
Assigned Role: Originator

Assigned Date: 03/17/2003
Assigned Due Date:

Routing Lists: **Route List - Active**

- Hernandez, Paul R - Approve - Approve - 03/27/2003 06:54 (By: Mosby, Debbie A)
- Hunemuller, Neal K - Approve - Approve - 03/27/2003 06:55 (By: Mosby, Debbie A)
- Barr, Robert C - Approve - Approve - 03/26/2003 07:51 (By: Hopkins, Dianne)
- O'Connor, Judith S - Approve - Approve - 03/26/2003 10:59
- Erickson, Leif - Approve - Approve - 03/26/2003 16:26 (By: Deutsch, V Genie)
- f* Schepens, Roy J - Approve - Awaiting Response *win 6 28 Mar 2003*

Instructions:

Correspondence is being routed for concurrence via hard copy instead of electronically. Once you receive the correspondence, please approve or disapprove electronically via E-STARS and route to next person on the routing/concurrence list.

bcc:
ESQ OFF FILE
ESQ RDG FILE
MGR RDG FILE
R. C. BARR, ESQ
P. R. HERNANDEZ, ESQ
N. K. HUNEMULLER, ESQ
J. S. O'CONNOR, OPA

- Attachments:**
1. 03-ESQ-014.att1.doc
 2. 03-ESQ-014.att2.doc
 3. 03-ESQ-014.prh.doc

Comments

Task Due Date History:

Date Modified	Task Due Date	Modified By
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-- End of Report --

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MAR 31 2003

DOE-ORP/ORPCC

Task Detail Report

03/17/2003 09:58 AM

Task #: ORP-ESQ-2003-0015

Parent Task #:
Subject: CONCUR:03-ESQ-014;ORP ASSESSMENT REPORT, A-03-ESQ-TANKFARM-001, OF CH
Category: None
Due Date:
Originator: Mosby, Debbie A

Reference #: 03-ESQ-014
Deliverable: None
Status: Open
Priority: None
Originator Phone: (509)376-9106

Assigned By: Self
Assigned Role: Originator

Assigned Date: 03/17/2003
Assigned Due Date:

Routing Lists: **Route List - Active**

- Hernandez, Paul R - Approve - Awaiting Response *Paul Hernandez 3/17/03 no comments*
- Hunemuller, Neal K - Approve - Awaiting Response *NOA for 3/20/03*
- Barr, Robert C - Approve - Awaiting Response *RRB 3/26/03*
- O'Connor, Judith S - Approve - Awaiting Response *JSO 3/26/03*
- Erickson, Leif - Approve - Awaiting Response *Leif Erickson 3/26/03*

Instructions:

Correspondence is being routed for concurrence via hard copy instead of electronically. Once you receive the correspondence, please approve or disapprove electronically via E-STARS and route to next person on the routing/concurrence list.

bcc:
ESQ OFF FILE
ESQ RDG FILE
MGR RDG FILE
R. C. BARR, ESQ
P. R. HERNANDEZ, ESQ
N. K. HUNEMULLER, ESQ
J. S. O'CONNOR, OPA

- Attachments:**
1. 03-ESQ-014.att1.doc
 2. 03-ESQ-014.att2.doc
 3. 03-ESQ-014.prh.doc

Comments

Task Due Date History:

Date Modified	Task Due Date	Modified By
---------------	---------------	-------------

-- End of Report --

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MAR 31 2003
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